| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004       |  |  |  |  |                    |                              |                 |                    | Application or Docket Number |                               |                     |                        |
|---|--|--|--|--|--------------------|------------------------------|-----------------|--------------------|------------------------------|-------------------------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I  (Column 1) (Column 2)                               |  |  |  |  |                    |                              |                 | MALL EN            | TITY                         | TY OTHER THAN OR SMALL ENTITY |                     |                        |
| U.S   | . NATIONAL                                     | STAGE FEES   |  |  |                    | •                            |                 | RATE               | FEE                          | 7                             | RATE                | FEE                    |
| BASIC FEE   |  |  |  |  | ,                  |                              | В               | ASIC FEE           |                              | OR                            | BASIC FEE           | 300                    |
| EXAMINATION FEE   |  |  |  |  |                    |                              | E)              | XAM. FEE           |                              |                               | EXAM. FEE           | 201)                   |
| SEARCH FEE  |  |  |  |  | -                  |                              | SI              | EARCH FEE          |                              |                               | SEARCH FEE          | 1007)                  |
| FEE FOR EXTRA SPEC. PGS.  |  |  | minus 100 =                            |  |                    | / 50 =                       |                 | X \$ 125 =         |                              |                               | X \$ 250 =          | 7 - 0                  |
| TOTAL CHARGEABLE CLAIMS   |  |  | /minus 20 = *                          |  |                    |                              |                 | X \$ 25 =          |                              | OR                            | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS  |  |  | / minus 3 = *                          |  | <del></del>        |                              |                 | X \$ 100 =         |                              | OR                            | X \$ 200 =          |                        |
| MULTIPLE DEPENDENT CLAIM PRE  |  |  | ESENT                                  |  |                    |                              |                 | + \$ 180 =         |                              | OR                            | ,                   |                        |
| * If  | the difference                                 | in column 1 is   | less than zero, enter "0" in co        |  |                    | lumn 2                       |                 | TOTAL              |                              | OR                            | TOTAL               | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |  |  |  |  |                    | <u></u>                      | SMALL E         | <del>T</del>       | OR                           | OTHER SMALL E                 | NTITY               |                        |
| ENT A   |  | REMAINING<br>AFTER<br>AMENDMENT  |  | PREVIOUS<br>PAID FO                      | SLY                | PRESENT<br>EXTRA             |                 | RATE               | ADDI-<br>TIONAL<br>FEE       |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total  | *  | Minus                                  | **                                       |                    | =                            |                 | X \$ 25 =          |                              | OR                            | X \$ 50 =           |                        |
| AME   | Independent                                    | *  | Minus                                  | ***                                      | ····               | =                            | )               | X \$ 100 =         |                              | OR                            | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |  |                    |                              | + \$ 180 =      |                    | OR                           | + \$ 360 =                    |                     |                        |
|   |  |  |  |  |                    |                              | TO              | OTAL ADDIT.<br>FFF |                              | OR                            | TOTAL ADDIT.<br>FFF | ·                      |
|   |  | (Column 1)   |  | (Column                                  | <b>2</b> )         | (Column 3)                   |                 |                    | •                            |                               |                     |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |  | HIGHES<br>NUMBER<br>PREVIOUS<br>PAID FOR | T<br>R<br>SLY      | PRESENT<br>EXTRA             |                 | RATE               | ADDI-<br>TIONAL<br>FEE       |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *  | Minus                                  | **                                       |                    | =                            |                 | X \$ 25 =          |                              | OR                            | X \$ 50 =           |                        |
|   | Independent                                    | *  | Minus                                  | ***                                      |                    | =                            | >               | (\$ 100 =          |                              | OR                            | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |  |                    | +                            | \$ 180 <b>=</b> |                    | OR                           | + \$ 360 =                    |                     |                        |
|   |  |  |  |  |                    |                              | ŢĊ              | TAL ADDIT.         |                              | OR                            | TOTAL ADDIT.<br>FFF |                        |
| ***   | If the "Highest Nu If the "Highest Nu          | imn 1 is less than the<br>imber Previously Pai<br>imber Previously Pai<br>nber Previously Paid | id For" IN THIS S<br>id For" IN THIS S | SPACE is less that<br>SPACE is less that | an '20'<br>an '3', | ', enter "20".<br>enter "3". | in the a        |                    | in column 1                  | i.                            |                     |                        |